Date Received

OFFICE USE ONLY



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

	An exemption affidavit must be submitted with each paper report.			
An exemption affida				
Filer name	Account #		Ţ	
Ry. Rose	ACCOUNT #	Da	ate Processed)
Tarry (Exec		Da	ate Imaged	J

- 1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

5 .		report due on Skruary (5, 2006			
	understand that this affidavit is required to am claiming an exemption from electronic	o be filed v <i>i</i> ith filing.	each campaign financ	ce report for which	1
) 2)			
		√∀ /	. /		

YOLANDA L. RAMOS

Notary Public, State of Texas

My Commission expires

April 29, 2008

Signature of Candidate or Officeholder

NOTARY STAMP / SEAL '	y Robert 3. Perzz	this, the 18^{+} day of
January 20 04.	to certify which, witness my hand	and seal of office.
Signature of officer administering oath	Volanda Litamas Print name of officer administering oath	notan Jubic Title of officer administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		-			
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCO	OUNT# Commission filers)	2 Total pages filed	d:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST		Mi	OFFICE	USE ONLY
INAIVIE	NICKNAME LAST		SUFFIX	Date Received	ZOOD JAN
4 CANDIDATE / OFFICEHOLDER MAILING	327 E. Huisadus	CITY;	STATE; ZIP CODE		
ADDRESS Change of Address	SAN ANDONIO TI	£	782(2	Date Hand-delivered o	スコロ
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (7210) 581-5580		EXTENSION	Receipt #	2: 43 Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST NICKNAME LAST LAST		MI	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE#;	CITY; STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE D PHONE NUMBER (260) \$25-790(EXTENSION	1	
9 REPORTTYPE	January 15 30th day before election Buly 15 8th day before election		Runoff Exceeded \$500 limit	15th day after car appointment (office	••
10 PERIOD COVERED	Month Day Year THROU	i	Month Day		n order in
11 ELECTION	Month Day Year ELECTION TYPE	' /	Runoff	General	Special
12 OFFICE	OFFICE HELD (if any)	1 .	OFFICE SOUGHT (if know	wn)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expen Candidates are required to disclose this information or	nditures made	e by others without the ca seive notification of the di	ndidate's prior consent or rect campaign expenditur	r approval. e. ••
BY OTHER INDIVIDUALS	Name V f				
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zi	Zip Code			
	GO ТО Р	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

	IOIAL		COVER SH	HEET PG 2
15 C/OH NAME	y PEATEZ		16ACCOUNT#(Eth	nics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no may have been mad	thice of political expenditures by political conmittees to support the candid be without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	date / officeholder. <i>The</i> tes and officeholders and	se expenditures re required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		2 9
	GENERAL	NA		2006 J
		COMMITTEE ADDRESS		
	SPECIFIC	NA		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		10 55年
		NK		0NI0 2: 43
		COMMITTEE CAMPAIGN TREASURER ADDRE 3S		77.00
	pk	NA		
18 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 ()R LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ D	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ D	
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 O ₹ LESS, UNLESS ITEMIZE	\$ D	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 55000	1000
CONTRIBUTION BALANCE	5. TOTAL F OF REPO	POLITICAL CONTRIBUTIONS MAINTAI VED AS OF THE LAST DA' DRTING PERIOD	* D	
OUTSTANDING LOANTOTALS	6. TOTAL F LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTALIDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ D	,
19 AFFIDAVIT				
AFFIX NOTARY STAME	otary Public, State of My Commission es April 29, 2006 0000000000000000000000000000000000		formation required to	
Sworn to and subscrib		the said RON A SPLILE	this the 13^{7}	ال day
Lyanuay 2		tify which, witness my hand and seal of office.	, uno uno <u>10</u>	uay
\$ignature of officer add	Kamp	Yulanda Lekamos N	Otany A	blic
(J.g., 5 5) 5) 1001 au	······································	Printed name of officer administering oath Title	e of officer administe	ring oath

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total page:	s Schedule F:
2 FILER NAMI		- Individual	3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name Maruel S. Percz 6 Payee address; City; State; Zip Code 56 Vkg (lum) Autorio	Táus	78201	7 Amount (\$)
required.)	ment (See instructions regarding type of information	9 •• Complet Candidate / Officeho	e if direct expenditure	
Date	Payee name Payee address; City; State; Zip Code			RECEIVED AMERICAN 18 P 2
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complet Candic ate / Officeho	e if direct expenditure older name	to benefit C/OH Coffice sought Office herd
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete Candic ate / Officeho	e if direct expenditure older name	to benefit C/OH •• Office sought Office held
Date	Payee name			Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complet Candic ate / Officeho	e if direct expenditure older name	to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM A	AS NEEDED	

Tex	kas Ethics (Commission	P.O. Box 12070	Austin, Texas 78711-2070	า	/E12\ 462 E900	4 000 205 050
	CAN	NDIDATE	/ OFFICE	HOLDER REP AL REPORT		(512)463-5800 FORM C/O	1-800-325-850 H - FR
	The In	struction Guide	e explains how t Report Type" on	to complete this form. page 1 is marked "Fi	nal Report" ••		***************************************
1	C/OH N	IAME POBBY	GEREZ			2 ACCOUNT # (Eth	ics Commission filers)
3	SIGNA	TURE				<u> </u>	
	a repo	ort as a final repor	t terminates my carr	ns or political expenditures in on paign treasurer appointmen ures without a campaign treas	t. I also understand that u er appointment on file.	t I may not accept a	ny campaign
					Signature of	Candidate / Office	holder
4			AN OFFICEHOL				
	A.	CAMPAIGN FU	NDS			τ	ı 55≥0
	Check	conly one:					×=0
	lacksquare	I do not have unex	rpended contributions	s or unexpended interest or in	c me earned from politica	al contributions.	
		convert unexpende also understand the or unexpended intunderstand that i	ed political contribution at I must file an annuterest or income earn must dispose of une	xpended interest or income each or unexpended interest or all report of unexpended contributions expended political contributions quirements of Election Code, §	rincome earned on polition riputions and that I may not longer than six years after not and unexpended inter	al contributions to pe ot retain unexpended or filing this final repo	rsonal use. I contributions at. Further. I
	В.	ASSETS					
	Check	only one:					
		I do not retain ass	ets purchased with po	olitical contributions or interes	t or other income from po	litical contributions.	
		may not convert a	ssets purchased with tand that I must dispo	al contributions or interest or political contributions or inte ose of assets purchased with	rest or other income from	political contribution	s to personal

OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an of ceholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

Signature of Candidate